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England

Protecting and improving the nation's health

Guidance to support staff training for the NHS Health Check (Wessex)

March 2016

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Health Education England –Wessex team
Wessex Local Medical Committee



Hampshire & Isle of Wight LPC



SUPPORTING LOCAL COMMUNITY PHARMACY

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A) Introduction and rationale

This was a joint project, facilitated by Public Health England South East (PHE), in collaboration with Local Authority NHS Health Check leads, Health Education England (HEE)- Wessex team, Wessex Local Medical Committees (LMCs) and Hampshire and Isle of Wight Local Pharmaceutical Committee (LPC).

The purpose was to develop a standard training package developed and agreed by all partners which would be:

- available in a number of geographical locations across Wessex
- commissioned individually by Local Authority Public Health teams
- provided by different training providers who meet specified requirements (agreed with local commissioners)
- covering part or all of the competences set out in the NHS Health Check competence framework as mapped within the training specification
- available to all providers commissioned to delivering the NHS Health Check in Wessex

B) Background

The NHS Health Check is a national programme which aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early identification and management of certain risk factors. The tests, measurements and risk management interventions that make up the NHS Health Check can be delivered in different settings by different healthcare workers. For example, health trainers, healthcare assistants and pharmacy assistants working in primary care and pharmacy, together with a range of outreach models, have supported commissioners seeking to engage as many eligible people as possible. Anyone between the ages of 40 and 74 who has not already been diagnosed with one of the above conditions, have certain risk factors or who has not had a health check within the last 5 years is eligible. The programme aims to ensure that all eligible people are invited every five years to have a NHS Health Check and is supported through advice and behaviour change programmes to improve their risk factors

C) Who is this guidance for? It is for NHS Health Check commissioners, NHS Health Check training providers, Public Health England Health and Wellbeing teams, Health Education England, Local Medical Committees, Local Pharmaceutical Committees and anyone involved in delivering the NHS Health Check.

D) Why is there a need for training?

There is need to raise awareness of the NHS Health Check competence framework and assessor and learner workbooks¹ that were published in June 2014. These documents describe the Core Competences and Technical Competences required to carry out a NHS

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http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources_and_training_development_tools/competence_workbooks/

Health Check. It also refers to the Code of Conduct and the Care Certificate that all people carrying out a NHS Health Check should aspire to.

These competences also reflect the minimum standards expected of all practitioners delivering the NHS Health Check, regardless of their level. Commissioners and NHS Health Check providers should be able to evidence that they are implementing these standards on an on-going basis.

Staff delivering the NHS Health Check and the subsequent discussion regarding risk and risk management are now expected to have face-to-face training and on-going clinical supervision. Technical competence alone is not sufficient as staff are expected to be able to communicate appropriately with people particularly around risk factors and how to address these.

E) How the training guidance was developed

Through the Wessex NHS Health Check network, facilitated by PHE South East, the five NHS Health Check local authority commissioners engaged in scoping current training and exploring future training needs and priorities. Discussions took place with PHE Workforce development, HEE Wessex team School of Public Health and education commissioners on how behaviour change/ Making Every Contact Count (MECC) might be integrated into future new training for the NHS Health Check and the possibilities for future collective commissioning. Local LMC and LPC representatives were identified as important stakeholders in the training and development of staff in GP practices and pharmacies. The views of training providers and local front line staff on future training were explored at a Wessex event in March 2015 to launch the national competence framework. Regular stakeholder meetings took place between March and November 2015 to iteratively develop the guidance document taking all views into account.

F) What will training include?

There are three parts to the training, which have been mapped to the ten NHS Health Check Technical Competences and the Units in the NHS Health Check Assessor and Learner workbooks. The two face-to-face sections could be commissioned either separately or independently, depending on requirements of local training commissioners, the availability of suitable providers and on the previous knowledge and skills of those requiring the training.

- 1) **Evidence of programme knowledge:** On registration the participants will be sent a link to relevant preliminary **E-learning** that will introduce some of the basic elements covered in the NHS Health Check, lasting approximately two hours. It has to be completed and a certificate of completion provided, or sufficient alternative evidence provided (see Appendix 1) before the start of face-to-face training.
- 2) **How to carry out an NHS Health Check: Face-to-face practical study session(s)** for health practitioners who are already, or who will be, involved in the delivery of the NHS Health Check to the eligible population. A variety of teaching methods will be used during the training, including experiential learning, lecture and interactive group work. The training aims to further develop practitioner's knowledge and skills in the use of the NHS Health Check programme to facilitate the cardiovascular assessment of the eligible population and improve communication of

promoting health and well-being and avoidable disease prevention. Evidence of completion of this section and assessment of knowledge and skills will be required.

3) **Behaviour Change/ MECC training: Face-to-face practical study session(s)**. This will focus on improving the communication aspect of promoting health and well-being and avoidable disease prevention, through role plays, use of Open Discovery Questions (ODQs) and SMARTER (Specific, Measurable, Action-orientated, Realistic, Timed, Evaluated, Reviewed) goal setting.

4) **Evaluation:** The impact on staff knowledge and skills from Sections 2 and 3 will need to be evaluated using 'pre' and 'post' standardised evaluation tools to establish whether the training has been successful (to be agreed by commissioner/provider)



Core Making Every Contact Count (MECC) definition

MECC is an approach to lifestyle behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health & wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information to individuals at scale across organisations and populations.

- For organisations MECC means providing their staff with the leadership, environment, training and information they need to deliver the MECC approach.
- For staff MECC means having the competence and confidence to deliver healthy lifestyle messages and the encouragement for people to change their behaviour and to signpost to local services that can support them to change.
- For individuals MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

This definition of MECC has been agreed by the national MECC advisory group. It defines the core of MECC and aligns with the NICE lifestyle behaviour change guidance (NICE, 2014) and the improving healthy lifestyles approach to prevention agreed to by NHS England, HEE and PHE in the NHS Five year Forward View (NHS England, 2014). This definition matches to level one MECC competencies as set out

in competency frameworks, such as those available from Skills for Health and encompasses existing approaches such as 'healthy conversations' and 'healthy chats'.

G) Who is the training suitable for?

The training is suitable for anyone who delivers a NHS Health Check eg. GP, health care assistant, practice nurse, registered healthcare practitioners, pharmacy assistant, pharmacy technician, pharmacist.

H) How long will it be?

The face to face training will be tailored to suit local staff needs, but would need to be a minimum of a total of one whole day in order to cover the essential elements from the list above

Options may include:

- One whole day (8 hours)
- Two part-days (eg One 5 hour and one 3 hour session)
- Two evening sessions
- A combination to suit local needs

NB Wessex MECC training (Healthy Conversation Skills) is delivered in 2x 3 hour sessions. Session 1 and 2 are usually delivered one week apart

In addition

- Evidence of Programme knowledge (eg. Certificate of completion for E-Learning) and/ or Prior learning
- Assessment (see below)

I) Assessment

- Evidence to show completion of E-learning and/ or attainment of programme knowledge
- Evidence to show completion of the three components of training as set out in the training specification
- Completion of relevant outcomes in the NHS Health Check assessor and learner workbooks and completion of sign off sheet by designated assessor

Suggested training content and exemplar evaluation form follows below:

Training Content	Link to competence framework	Link to Learner Handbook
<p>1) Evidence of Programme knowledge (This could be evidence of completion of preliminary E-Learning)</p>		
<p>-What is the NHS Health Check programme? Who it is for? What does it aim to do? -The key components of the NHS Health Check</p> <p>-Skills needed to undertake a health check including:</p> <ul style="list-style-type: none"> - Basic understanding of using point of care testing equipment (where applicable for different providers) - How to take height, weight and waist measurements (including what a healthy BMI is) - How to measure blood pressure and pulse rate /regularity - When to refer to a GP for further assessments based on BMI, blood pressure and pulse regularity - The importance of identifying willingness to change - Basic understanding of alcohol use, physical activity, nutrition and smoking. 	<p>Standard 1- Programme Knowledge</p> <p>Standard 5- Risk Assessment</p>	<p>Unit 1: NHS Health Check programme knowledge, Outcome 2 Unit 4: Carry out NHS Health Check assessments with clients at risk of developing CVD Unit 9: Communicate with clients about promoting their health and well-being</p>
<p>Recommended links:</p>		
<p>Link to HEE West Midlands course, 1.5 hours including assessment: http://learning.wm.hee.nhs.uk/course/health-check</p> <p>Link to NHS Health Check website, increasing dementia awareness (30 minutes) : http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/</p> <p>Link to the updated leaflet for the Dementia section of the NHS Health Check: http://www.healthcheck.nhs.uk/commissioners_and_providers/national_resources_and_training_development_tools1/dementia_resources/</p>		
<p>2) Face-to-face training 'How to carry out an NHS Health Check' to include:</p>		
<p>a) Introduction to the NHS Health Check competence framework and the assessor and learner workbooks (see Learning Outcomes), Knowledge and awareness of links to the Care Certificate, brief overview of who is invited, exclusions and exceptions</p>	<p>Standard 1- Programme Knowledge</p>	<p>Unit 1: NHS Health Check programme knowledge Outcomes 1, 2, & 6</p>

<p>b) Recap and discussion of basic understanding of what is meant by Cardiovascular Disease (CVD) following on from the E-learning module, as required</p> <ul style="list-style-type: none"> • Key components of the cardiovascular system and their functions • Common forms of CVD and their causes • Common risk factors for CVD and their impact including: alcohol, lifestyle, dementia, smoking, diabetes, hypertension, chronic kidney disease (CKD) • Descriptions of cholesterol, low density lipoproteins (LDLs) and High density lipoproteins (HDLs) • Explanation of atherosclerosis • Interpretation of patient blood test 		
<p>c) How to deliver an NHS Health Check-step by step instructions and reasons for including each (the time taken for this section may vary depending on staff needs):</p> <ul style="list-style-type: none"> • Collecting personal data and family history • Blood pressure • BMI • Units of alcohol/ AUDIT C • Smoking • Physical Activity questionnaire (GPPAQ) • Dementia awareness 	<p>Standard 4- Client Consent, Standard 5- Risk Assessment</p>	<p>Unit 1: NHS Health Check programme knowledge Outcome 1,3 Unit 2: Information governance Outcomes 1&2 Unit 3: Obtain valid consent. Outcomes 1,2,3 Unit 6: Perform point of care testing. Outcomes 1,2, & 3 Unit 7: Undertake routine clinical measurements Outcomes 1,2, 3,&4</p>
<p>d) How to calculate risk</p>		
<ul style="list-style-type: none"> • QRisk2 (or JBS2/3 or Framington) • Other results in relation to QRisk2 • What the results mean 	<p>Standard 6- Interpreting results</p>	<p>Unit 1: NHS Health Check programme knowledge Outcome 4 Unit 4: : Carry out NHS Health Check assessments with clients at risk of developing CVD Outcomes 1,2 & 3</p>

		Unit 8: Agree courses of action to address health and well-being needs of clients. Outcome 2
e) The importance of recording patient data and use of correct read codes		
<ul style="list-style-type: none"> • Explain the relevance of accurate data recording and collection for NHS Health Check programme • Use local templates provided by commissioners to demonstrate proper recording and reporting of results • Explain the importance of recall criteria and ensure process in place • Explain the importance of recording referrals from other sources and follow up 	Standard 2- Information governance Standard 6- Interpreting results. Standard 8- Consent to share data	Unit 2: Information governance. Outcome 1 Unit 6: Perform point of care testing. Outcome 3 Unit 11: Report results. Outcomes 1,2,& 3
f) Communication of results and referral options		
<p>When communicating individual risks, staff should be trained to:</p> <ul style="list-style-type: none"> ▪ Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk. Ensure the results and risk score is communicated to the patients in a way that they understand and that promotes behaviour change. The recording of such measurements must take into account the individuals overall condition ▪ Use behaviour change techniques or MECC training (such as Healthy Conversation Skills or motivational interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk (see Section 3 below) ▪ Establish a professional relationship where the individual's values and beliefs are identified and incorporated into a client- centred plan to achieve sustainable health improvement. Regardless of the risk score, all individuals should be given healthy lifestyle advice and support that is specific to them, e.g. smoking, physical activity ▪ Signpost to specific local services which are appropriate for that persons level of risk and lifestyle factors (details to be provided by local public health team) 	Standard 7- Communicati on of Risk. Standard 9- Brief Intervention/ signposting and referral Standard 10- Communicati on with GP ,	Unit 8: Agree courses of action to address health and well-being needs of clients. Outcomes 1, 2, 3, & 4 Unit 9: Communicate with clients about promoting their health and well-being Outcome 3 Unit 10: Support clients to access information on services and facilities Outcomes 1, 2, & 3 Unit 11 Report results Outcomes 1, 2, & 3

3) Face-to-Face training on Behaviour Change/ Making Every Contact Count (MECC):		
<p>Training to include:</p> <ul style="list-style-type: none"> • listening skills • open questions (starting with 'What' and 'How') • reflection skills • SMARTER goals (Specific, Measurable, Achievable, Realistic, Time-bound, Evaluation, Review) <p>There are a range of behaviour change interventions & face to face training options that are nationally available on the NHS Health Check website. The source of MECC training that is currently endorsed and commissioned by HEE Wessex Team is 'Healthy Conversation Skills', which is accredited by the Royal Society of Public health (RSPH) and covers the competences listed above. It has been developed by the MRC Life course Epidemiology Unit, University of Southampton. Wessex MECC training (Healthy Conversation Skills) is delivered in 2x 3 hour sessions. Session 1 and 2 are usually delivered one week apart.</p>	Standard 7- Communication of Risk	Unit 8: Agree courses of action to address health and well-being needs of clients. Unit 9: Communicate with clients about promoting their health and well-being. Unit 10: Support clients to access information on services and facilities
<p>National NHS Health Check training videos: http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources_and_training_development_tools/training_videos/</p> <p>For further information on the Wessex MECC approach contact the Wessex School of Public Health http://www.wessexdeanery.nhs.uk/public_health.aspx</p>		

See exemplar evaluation form for use before and after training below:

References

- 1) NICE Guidelines, Behaviour Change: individual approaches (January 2014)
<https://www.nice.org.uk/Guidance/PH49>
- 2) NHS Five Year Forward View (October 2014)
<https://www.england.nhs.uk/ourwork/futurenhs/>

Place of work (pharmacy, GP, other)			
Job title			
On-line training		score	Comments
Which online training did you complete prior to attending today's workshop?	No on line training completed		
	Completed CPPE training		
	Completed NHS national website training		
How long did your online training take you to complete?	1 – 2 hours		
	2 – 3 hours		
	Over 3 hours		
On a scale of 1 – 6 (6 being most useful) how useful was the online training in helping you to deliver NHS Health Checks?	1, 2, 3, 4, 5, 6		
On a scale of 1 – 6 how confident are you about delivering NHS Health Checks?	1, 2, 3, 4, 5, 6		
Workshop training			
On a scale of 1-6 (6 being highest) how much did today's workshop:			
<ul style="list-style-type: none"> Increase your understanding of CVD risk? Increase your understanding of dementia risk? Increase your confidence in discussing behaviour change to mitigate risk? Meet your training needs to deliver NHS Health Checks when considered alongside the on- line training? 	<p>1, 2, 3, 4, 5, 6</p> <p>1, 2, 3, 4, 5, 6</p> <p>1, 2, 3, 4, 5, 6</p> <p>1, 2, 3, 4, 5, 6</p>		
What was the most positive aspect of today's event?	1, 2, 3, 4, 5, 6		
What was the least positive aspect of today's event?	1, 2, 3, 4, 5, 6		
Would you recommend this training to colleagues who are interested in CVD risk prevention?	1, 2, 3, 4, 5, 6		
How do you rate the facilitator for today's event?	1, 2, 3, 4, 5, 6		
How do you rate the NHS Health Checks specialist at today's event?	1, 2, 3, 4, 5, 6		
On a scale of 1-6 how useful was today's workshop in supplementing your on-line learning?	1, 2, 3, 4, 5, 6		
On a scale of 1-6 how confident are you delivering NHS Health Checks now that you have attended today's workshop?	1, 2, 3, 4, 5, 6		

Pilot of the Wessex training guidance in Dorset, November 2015

Exemplar: Programme for NHS Health Check training -used by Dorset County Council, 11th November 2015.	Time	Trainer
Introduction to the NHS Health Check workshop including assessor and learner workbooks to meet Learning Outcomes.	10.00	RC/MF
Recap and discussion of basic understanding of what is meant by Cardiovascular Disease (CVD) following on from the E-learning module: <ol style="list-style-type: none"> 1. Common forms of CVD and their causes 2. Common risk factors for CVD and their impact including: alcohol, lifestyle, dementia, smoking, diabetes, hypertension, CKD 3. Descriptions of cholesterol, low density lipoproteins (LDLs) and High density lipoproteins (HDLs) interpretation of cholesterol blood test 4. Explanation of atherosclerosis 	10.15 – 10.45	
Coffee Break	10.45 – 11.00	
How to deliver an NHS Health Check-step by step instructions and reasons for including each <ul style="list-style-type: none"> • Collecting personal data and family history • Blood pressure • GPPAQ • BMI • Units of alcohol/ AUDIT C • Smoking • Dementia awareness 	11.00 – 11.30	
How to Calculate risk <ul style="list-style-type: none"> • QRisk2 	11.30 – 12.00	

<ul style="list-style-type: none"> • What the results mean 		
<p>How to use the NHS Dorset patient template</p> <ul style="list-style-type: none"> • Explain the relevance of accurate data recording and collection for NHS Health Check programme • Use local templates provided by commissioners to demonstrate proper recording and reporting of results • Explain the importance of recall criteria and ensure process in place • Explain the importance of recording referrals from other sources and follow up 	<p>12.00 – 12.15</p>	
<p>Communication of results and referral options overview When communicating individual risks, staff should be trained to:</p> <ul style="list-style-type: none"> ▪ Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk. ▪ Ensure the results and risk score is communicated to the patients in a way that they understand and that promotes behaviour change. The recording of such measurements must take into account the individuals overall condition ▪ Use behaviour change techniques or MECC training (such as Healthy Conversation Skills or motivational interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk ▪ Establish a professional relationship where the individual’s values and beliefs are identified and incorporated into a client- centred plan to achieve sustainable health improvement. Regardless of the risk score, all individuals should be given healthy lifestyle advice and support that is specific to them, e.g. smoking, physical activity ▪ Signpost to specific local services which are appropriate for that persons level of risk and lifestyle 	<p>12.15 – 13.00</p>	

factors (details to be provided by local public health team)		
Lunch break	13.00 – 13.45	
4) Behaviour Change/ Making Every Contact Count (MECC) training:	13.45 – 17.00	
<p>Training to include:</p> <ul style="list-style-type: none"> • listening skills • open questions (starting with 'What' and 'How') • reflection skills • SMARTER goals (Specific, Measurable, Achievable, Realistic, Time-bound, Evaluation, Review) 		

Collated evaluation forms from attendees, see below:

Place of work (pharmacy, GP, other)	8 x GP 6 x Pharmacy		
Job title	5 x HCA 3 x Pharmacist 1 x Senior HCA 1 x MCA 1 x HCA / Phlebotomist 1 x Practice Nurse 1 x Pre-Reg Pharmacist 1 x Pre-Reg Trainee Pharmacist		
On-line training		score	Comments
Which online training did you complete prior to attending today's workshop?	No on line training completed		
	Completed CPPE training	4	1 x error with programme
	Completed NHS national website training	9	1 x 80% completed
How long did your online training take you to complete?	1 – 2 hours	6	
	2 – 3 hours	4	
	Over 3 hours	2	
On a scale of 1 – 6 (6 being most useful) how useful was the online training in helping you to deliver NHS Health Checks?	1 = 0, 2 = 0, 3 = 0, 4 = 3, 5 = 6, 6 = 5		
On a scale of 1 – 6 how confident are you about delivering NHS Health Checks?	1 = 0, 2 = 1, 3 = 1, 4 = 7, 5 = 2, 6 = 3		1 x Already been delivering Health Checks
Workshop training			
On a scale of 1 -6 (6 being highest) how much did today's workshop:			
<ul style="list-style-type: none"> Increase your understanding of CVD risk? 	1 = 1, 2 = 1, 3 = 1, 4 = 0, 5 = 8, 6 = 3		
<ul style="list-style-type: none"> Increase your understanding of dementia risk? 	1 = 1, 2 = 2, 3 = 0, 4 = 5, 5 = 3, 6 = 3		
<ul style="list-style-type: none"> Increase your confidence in discussing behaviour change to mitigate risk? 	1 = 0, 2 = 0, 3 = 0, 4 = 3, 5 = 6, 6 = 5		

<ul style="list-style-type: none"> Meet your training needs to deliver NHS Health Checks when considered alongside the on- line training? 	1 = 0, 2 = 0, 3 = 0, 4 = 5, 5 = 5, 6 = 4	
What was the most positive aspect of today's event?	1 = 0, 2 = 0, 3 = 0, 4 = 0, 5 = 2, 6 = 3	6 x Role play 2 x Case studies 1 x Involved learning 1 x How to explain risk 1 x Opportunity to meet and work with other healthcare professionals 1 x Putting theory into practice 1 x Learning via open questions 1 x Enjoyed all of it
What was the least positive aspect of today's event?	1 = 0, 2 = 0, 3 = 0, 4 = 0, 5 = 2, 6 = 0	2 x No negatives 1 x Training for BP monitoring and cholesterol training 1 x Some information about forms and spread sheets was not very relevant
Would you recommend this training to colleagues who are interested in CVD risk prevention?	1 = 0, 2 = 0, 3 = 1, 4 = 1, 5 = 6, 6 = 5	
How do you rate the facilitator for today's event?	1 = 0, 2 = 0, 3 = 0, 4 = 2, 5 = 8, 6 = 4	
How do you rate the NHS Health Checks specialist at today's event?	1 = 0, 2 = 0, 3 = 0, 4 = 1, 5 = 7, 6 = 6	
On a scale of 1-6 how useful was today's workshop in supplementing your on-line learning?	1 = 0, 2 = 2, 3 = 1, 4 = 1, 5 = 6, 6 = 6	
On a scale of 1-6 how confident are you delivering NHS Health Checks now that you have attended today's workshop?	1 = 0, 2 = 0, 3 = 0, 4 = 0, 5 = 8, 6 = 6	